

PATENT
450101-02456

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tomoyuki ASANO et al.
Serial No. : 09/719,708
For : DATA PROCESSING SYSTEM, DATA PROCESSING METHOD, AND DATA PROCESSOR
Filed : December 15, 2000
Examiner : Aravind K. Moorthy
Art Unit : 2131

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|-----------------------------------------|--------------------------------------------|-------|----------------------------------------------------|----------------------|-------------|--------------------------|
| Total claims | 24 | Minus | ** =24 | * 0 x | \$50 (25) | = \$ 0 |
| Independent claims | 6 | Minus | *** =6 | * 0 x | \$200 (100) | = \$ 0 |
| Total additional fee for this amendment | | | | | | \$ 0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

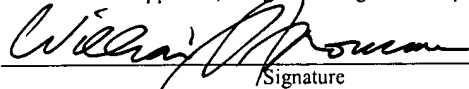
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 8, 2005.**

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative


Signature


July 8, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800



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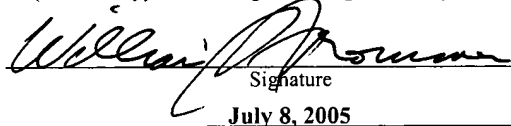
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William S. Frommer, Reg. No. 25,506

(Name of Applicant, Assignee or Registered Representative)


Signature

July 8, 2005

Date of Signature

AMENDMENT UNDER 37 C.F.R. 1.312

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Following receipt of the Notice of Allowance dated June 8, 2005, please amend this
application as follows.